



Complete Summary

TITLE

Major depression in adults in primary care: percentage of patients with a new diagnosis of major depression, with documentation of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV TR) criteria within the three months prior to initial diagnosis.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 May. 94 p. [295 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients with a new diagnosis of major depression, with documentation of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV TR) criteria within the three months prior to initial diagnosis.

RATIONALE

The priority aim addressed by this measure is to increase the accuracy of diagnosis of major depression.

PRIMARY CLINICAL COMPONENT

Major depression; Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV TR) criteria

DENOMINATOR DESCRIPTION

Number of primary care patients reviewed older than 18 years with new diagnosis* of major depression that has not been treated for depression in the previous six months

Suggested International Classification of Diseases, Ninth Revision (ICD-9) codes include: 296.2X, 296.3X.

*New diagnosis = no diagnosis in the six-month period prior to the target quarter.

NUMERATOR DESCRIPTION

Number of medical records containing documentation of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV TR) criteria within the three months prior to initial diagnosis (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age greater than 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

In a national survey from the World Health Organization of more than 9,000 adults age 18 and over, the prevalence of major depression was 6.7 percent.

EVIDENCE FOR INCIDENCE/PREVALENCE

Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry 2005 Jun;62(6):617-27. [PubMed](#)

ASSOCIATION WITH VULNERABLE POPULATIONS

- Women (including pregnant and postpartum women). The rate of perinatal depression in the general population has been 10% to 15%. A recent large scale study by Kaiser Permanente concluded that during the time period measured, defined as 39 weeks prior to becoming pregnant through 39 weeks after delivery, the authors found approximately one in seven women was identified with and treated for depression, and more than half of these women had recurring indicators for depression.Â
- Depression in the elderly is widespread, often undiagnosed and usually untreated. The rate of depression in adults older than 65 years of age ranges from 7% to 36% in medical outpatient clinics and increases to 40% in the hospitalized elderly.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Dietz PM, Williams SB, Callaghan WM, Bachman DJ, Whitlock EP, Hornbrook MC. Clinically identified maternal depression before, during, and after pregnancies ending in live births. *Am J Psychiatry* 2007 Oct;164(10):1515-20. [PubMed](#)

Gaynes BN, Gavin N, Meltzer-Brody S, Lohr KN, Swinson T, Gartlehner G, Brody S, Miller WC. Perinatal depression: prevalence, screening accuracy, and screening outcomes: summary. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2005 Feb. 8 p.(Evidence report/technology assessment; no. 119). [77 references]

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 May. 94 p. [295 references]

BURDEN OF ILLNESS

- Major depression is a treatable cause of pain, suffering, disability and death.
- The estimate of the lifetime prevalence of suicide in those ever hospitalized for suicidality is 8.6%. The lifetime risk is 4% for affective disorder patients hospitalized without specification of suicidality.
- Cardiovascular disease, diabetes and chronic pain are common comorbidities in patients with depression.
- Major depression is associated with an increased risk of developing coronary artery disease, and has also been shown to increase the risk of mortality in patients after myocardial infarction by as much as four-fold. Moderate to severe depression before coronary artery bypass graft (CABG) surgery and/or persistent depression after surgery increases the risk of death after CABG more than two-fold compared to non-depressed patients.
- Depression earlier in life increases the risk of developing diabetes by twofold.
- In a national survey from the World Health Organization (WHO), major depression was second only to back and neck pain for having the greatest effect on disability days, at 386.6 million U.S. days per year. In another WHO study of more than 240,000 people across 60 countries, depression was shown to produce the greatest decrease in quality of health compared to several other chronic diseases. Health scores worsened when depression was a comorbid condition, and the most disability combination was depression and diabetes.

EVIDENCE FOR BURDEN OF ILLNESS

Blumenthal JA, Lett HS, Babyak MA, White W, Smith PK, Mark DB, Jones R, Mathew JP, Newman MF, NORG Investigators. Depression as a risk factor for mortality after coronary artery bypass surgery. *Lancet* 2003 Aug 23;362(9384):604-9. [PubMed](#)

Bostwick JM, Pankratz VS. Affective disorders and suicide risk: a reexamination. *Am J Psychiatry* 2000 Dec;157(12):1925-32. [PubMed](#)

Frasure-Smith N, Lespérance F, Talajic M. Depression and 18-month prognosis after myocardial infarction. *Circulation* 1995 Feb 15;91(4):999-1005. [PubMed](#)

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); May 2008. 84 p. [244 references]

Katon W, von Korff M, Ciechanowski P, Russo J, Lin E, Simon G, Ludman E, Walker E, Bush T, Young B. Behavioral and clinical factors associated with depression among individuals with diabetes. *Diabetes Care* 2004 Apr;27(4):914-20. [PubMed](#)

Merikangas KR, Ames M, Cui L, Stang PE, Ustun TB, Von Korff M, Kessler RC. The impact of comorbidity of mental and physical conditions on role disability in the US adult household population. *Arch Gen Psychiatry* 2007 Oct;64(10):1180-8. [PubMed](#)

Moussavi S, Chatterji S, Verdes E, Tandon A, Patel V, Ustun B. Depression, chronic diseases, and decrements in health: results from the World Health Surveys. *Lancet* 2007 Sep 8;370(9590):851-8. [PubMed](#)

Rugulies R. Depression as a predictor for coronary heart disease: a review and meta-analysis. *Am J Prev Med* 2002 Jul;23(1):51-61. [163 references] [PubMed](#)

Schonfeld WH, Verboncoeur CJ, Fifer SK, Lipschutz RC, Lubeck DP, Buesching DP. The functioning and well-being of patients with unrecognized anxiety disorders and major depressive disorder. *J Affect Disord* 1997 Apr;43(2):105-19. [PubMed](#)

Wulsin LR, Singal BM. Do depressive symptoms increase the risk for the onset of coronary disease? A systematic quantitative review. *Psychosom Med* 2003 Mar-Apr;65(2):201-10. [53 references] [PubMed](#)

UTILIZATION

Unspecified

COSTS

In the United States, depression costs employers \$24 billion in lost productive work time.

EVIDENCE FOR COSTS

Stewart WF, Ricci JA, Chee E, Hahn SR, Morganstein D. Cost of lost productive work time among US workers with depression. *JAMA* 2003 Jun 18;289(23):3135-44. [PubMed](#)

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Adults older than 18 years with a new primary care diagnosis* of major depression

Claims, encounter data, scheduling information, or list of diagnosis codes from other automated sources may be used to identify those patients who meet the inclusion criteria for this measure. A random sample of 20 patients is suggested. The medical record will be reviewed to determine if Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV TR) criteria are documented as used. The presence of narrative comments reflecting application of DSM-IV TR criteria in making the diagnosis is acceptable evidence for this measure.

The suggested time period for data collection is a calendar month.

*New diagnosis = no diagnosis in the six-month period prior to the target quarter.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of primary care patients reviewed older than 18 years with new diagnosis* of major depression that has not been treated for depression in the previous six months

Suggested International Classification of Diseases, Ninth Revision (ICD-9) codes include: 296.2X, 296.3X.

*New diagnosis = no diagnosis in the six-month period prior to the target quarter.

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of medical records containing documentation of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV TR) criteria* within the three months prior to initial diagnosis

*Documentation of DSM-IV TR Criteria

Must have a **total of five** symptoms for at least two weeks. **One** of the symptoms **must** be depressed mood or loss of interest.

1. Depressed mood
2. Markedly diminished interest or pleasure in all or almost all activities
3. Significant (more than 5% body weight) weight loss or gain, or decrease or increase in appetite
4. Insomnia or hypersomnia
5. Psychomotor agitation or retardation
6. Fatigue or loss of energy
7. Feeling of worthlessness or inappropriate guilt
8. Diminished concentration or indecisiveness
9. Recurrent thoughts of death or suicide

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV TR)

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of patients with a new diagnosis of major depression, with documentation of DSM-IV TR criteria within the three months prior to initial diagnosis.

MEASURE COLLECTION

[Major Depression in Adults in Primary Care Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

FUNDING SOURCE(S)

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COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

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No work group members have potential conflicts of interest to disclose.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 May

REVISION DATE

2009 May

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); May 2008. 84 p.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 May. 94 p. [295 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of Patients with a New Diagnosis of Major Depression, with Documentation of DSM-IV TR Criteria Within the Three Months Prior to Initial Diagnosis," is published in "Health Care Guideline: Major Depression in Adults in Primary Care." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

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